

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. <b>16-18996</b>		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - 00 NOT MARK ABOVE			
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	<b>1</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		<b>LEBANON</b>		DATE OF CRASH: DAY <b>10/11/16</b> TUES		TIME: MILITARY <b>1652</b>			
CRASH OCCURRED ON		<b>722 E. Main St. Lebanon</b>		WITHIN THE INTERSECTION OF		<b>Speedway</b>		CITY CODE			
IF NOT IN INTERSECTION		N S		E W		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE			
LOG-1		LOG-2		LOC JUR FH'9 FILT							
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	<b>Self</b>			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		<b>Thuney, Zachary</b>		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		<b>20 W. Silver St. Lebanon OH</b>					
PHONE NO. <b>513-932-2010</b>		BIRTH DATE <b>3/26/93</b>	AGE <b>23</b>	SEX <b>M</b>	SOCIAL SECURITY NO.	STATE <b>OH</b>	DRIVER'S LICENSE NO. <b>TX350436</b>	OCCUPATION <b>EMS</b>			
OWNER (IF SAME AS DRIVER, WRITE SAME)		<b>City of Lebanon</b>		ADDRESS		<b>50 S. Broadway Lebanon OH</b>		PHONE <b>513-932-3060</b>			
VEH YR <b>11</b>	MAKE <b>Inter</b>	MODEL <b>Squad</b>	COLOR <b>Red</b>	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR			
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C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES			
ADDRESS		Same		PHONE	SEX	A B C D E F		A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
ADDRESS		Same		PHONE	SEX	A B C D E F		CONDITION			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
ADDRESS		Same		PHONE	SEX	A B C D E F		ALCOHOL			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
ADDRESS		Same		PHONE	SEX	A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		EJECTION			
INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F			
OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F			
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RECEIVED CALL <b>1652</b>		DISPATCHED <b>1755</b>	ARRIVED <b>1755</b>	CLEARED <b>1806</b>	OTHER TIME <b>10</b>	TOTAL MINUTES <b>00ff0ff</b>		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			
DATE REPORT FILED <b>10/11/16</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>Morris</b>		BADGE NO. <b>131</b>	CHECKED BY		I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			